

## Sample Request Form

Please complete this form to request samples of Nuprep and/or Ten20. Please note that we can only ship samples to authorized distributors, hospitals, or other bona fide medical organizations **within the United States**. If you have any questions, please contact us at the phone numbers provided below or email us at [usasales@weaverandcompany.com](mailto:usasales@weaverandcompany.com).

Date:

Company Name:

Street Address:

Dept/Unit/Suite:

City:

State:

Zip:

Contact Name:

Phone:

Fax:

Email:

Company Category (check all that apply):

Distributor	Hospital	Audiology
Psychiatry / Counseling	Research Lab	Physician's Office
Sleep Lab / Sleep Center	University	Clinic
Cardiology	EEG	Biofeedback
Neurology	Other (specify):	

Please select which product(s) you would like:

Nuprep Skin Prep Gel  
25 g Tube  
Item #10-25S

Ten20 Conductive Paste  
2oz Jar  
Item #10-20-2S

**E-mail this form to [usasales@weaverandcompany.com](mailto:usasales@weaverandcompany.com) or Fax to (303) 367-5118**